2024 Application and Letter of Intent for a License to Conduct a Temporary: (check only one) Instructions: ☐ Food Service Operation 1. Complete **all** applicable sections that apply to your set-up. ☐ Retail Food Establishment 2. Sign and date the application. 3. Make a check or money order payable to: "CCCHD" 4. Return check and signed application to: CLARK COUNTY COMBINED HEALTH DISTRICT **Food Program** 529 E. Home Road Springfield, OH 45503 Questions can be directed to (937) 390-5600, ext 252. Monday – Friday, 8:00 a.m. – 5:00 p.m. Before license application can be processed, the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code. Name of Temporary Food Facility (Company/Group/Organization, Etc.) Name/Location of Event Address of Event City/State/Zip E-mail Address Start Date **End Date** Operation Time(s) Name of License Holder Contact Person/Contact Cell Phone No. (**REQUIRED**) Address of License Holder City State Zip MENU - List of all Foods being Served/Sold: I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above: Signature: Date Licensor to complete below Valid date(s)-Maximum of 5 Days License Fee: ☐ Commercial \$50.00 per day x days = \$□ Non-Commercial \$25.00 per day x days = \$ Proof of "Non-Commercial" classification must be provided to our office i.e. IRS Determination Letter, in order to pay the Non-Commercial fee. Health Department to complete. Application approved for license as required by Chapter 3717 of the Ohio Revised Code. Ву Date

PLEASE COMPLETE THE INFORMATION ON THE BACK PAGE OF THIS APPLICATION

License No.

Audit No.



529 E. Home Rd. Springfield, OH 45503 (937) 390-5600 (937) 390-5625 Fax Website: www.ccchd.com PLEASE DRAW YOUR FOOD LAYOUT BELOW: (THIS IS REQUIRED. Please include any support facilities, (REFRIGERATED TRAILERS, COOLERS, ETC.)

		FOOD	TDING HOLDING OLD		HOLDI COL	GRILL/STOVE	PUBLIC
CUSTOMER AREA	TABLES	EXAMPLE OF LAYOUT			FOOD PREP AREA	GRILL	THIS AREA SHOULD BE AWAY FROM GENERAL PUBLIC
	SERVING						HIS AREA SHOULD BE
		LMENT	HAND			TH	

PLEASE PROVIDE YOUR EQUIPMENT LIST BELOW:					
NOTE With the exception of "COTTAGE FOOD" products, No home preparation is permitted.	All food must come from an approved source (i.e. licensed kitchen, licensed home bakery, ODA inspected facility, etc.)	Please provide the approved source(s) where your food will come from			

Equipment / utensils will be washed/rinsed/sanitized via:_

Handwashing facilities will consist of:_